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The Canadian Medical Review

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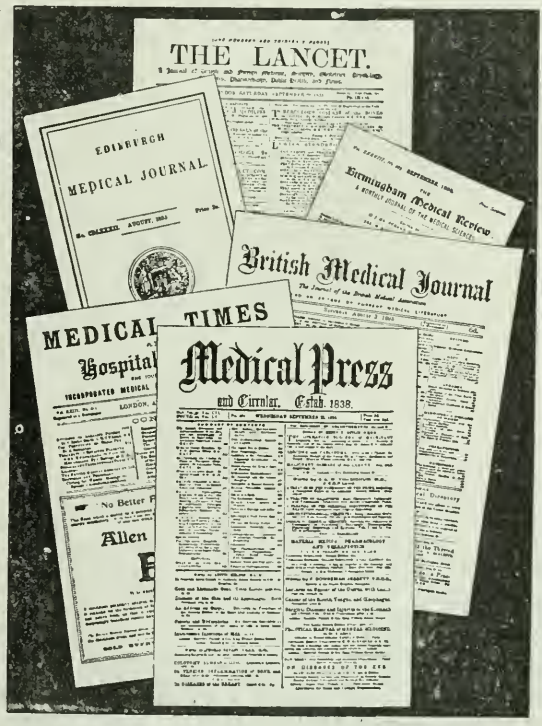

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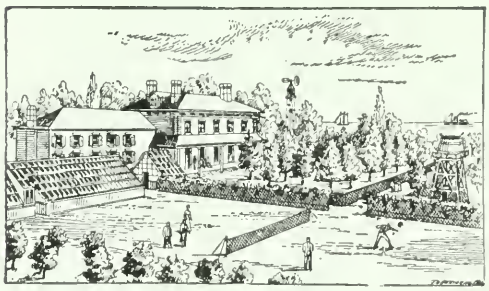

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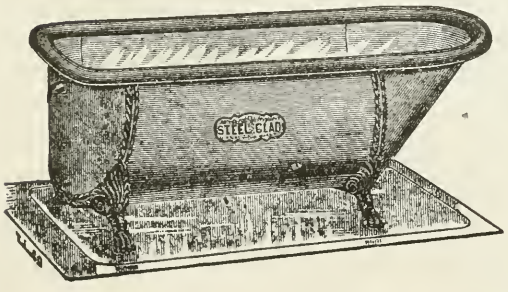

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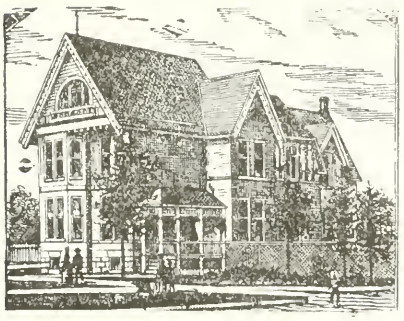

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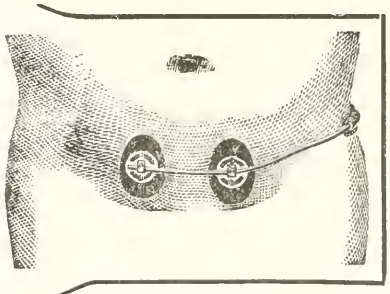

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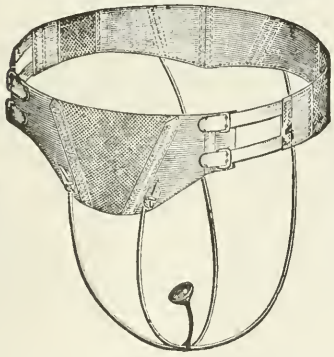

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VOL. II. TORONTO, DECEMBER, 1895. No. 6.

Original Communications.

A Few Points in the Treatment of Severe Railroad Injuries.

A CLINIC AT THE KINGSTON GENERAL HOSPITAL.

BY R. W. GARRETT, M.D.,

Surgeon Kingston General Hospital, Professor of Clinical Surgery, Medical Department, Queen's University, Kingston.

THE case which I present to you to-day is that of L. J., aged 17, who, while walking on the railroad track, was struck by an engine. She was sent to us over the Kingston and Pembroke Railway late Saturday evening. On Sunday morning, under an anæsthetic, an oblique fracture of the left humerus at the surgical neck was readily recognized, but all efforts at making a proper approximation of the fragments were useless. Let me remark here, on first examination there was no evidence of external injury such as one would expect to find from so serious an accident. Upon more careful examination a blue spot about the size of a five cent piece was discovered near the line of fracture, and beneath this the deltoid muscle had a pulpy feel. I decided under the most rigid asepsis to cut down upon the fracture through the ecchymosed spot, and was astonished to find the amount of destruction to the soft parts with so little external evidence. A portion of the

deltoid was crushed into a pulp and masses of it forced between the fragments. After clearing away the disorganized muscular tissue the fragments were easily brought together, the margins of the wound were carefully approximated, a decalcified bone drainage tube inserted, and all aseptically dressed. Over this, as you see, a carefully moulded poroplastic shoulder cap was applied and held in place by a spica bandage.

This is one of the many instances we have of the amount of deep seated injury, with little or no external evidence, which may be produced by great force acting rapidly on a portion of the body. You all remember the case of the young man brought in a few weeks ago whose leg just below the knee had been run over by a light box-car, and in which I pointed out that with the exception of three small holes, each of which had the appearance of having been punched out, there was no great injury to the skin, but when an incision was made into the parts bones, muscles, blood-vessels, nerves and fascia were all ground into a shapeless mass.

While on the subject of railroad injuries it may not be out of place to lay down a few principles which may act as landmarks, and which may be of assistance to you when called upon without a moment's notice to take charge of a most serious and critical case. First and foremost do not forget to apply the great principles of asepsis and the advantages derived therefrom that have been so frequently exhibited to you here at the bedside and in the operating room, for the conservative surgery of to-day owes its pre-eminence to their thorough application. Twelve or fourteen years ago it was not at all uncommon to see operations followed by prolonged suppuration, erysipelas, or pyæmia, and it is not a difficult matter to recall cases that ended fatally then which under the present mode of wound treatment would have recovered.

The marvellous growth of operative surgery has received its present impetus from the enunciation of the simple and wonderfully expansive principle of asepticism, and in no class of surgical treatment under asepticism has results been more uniform than in the treatment of compound fractures. The principles of aseptic surgery have now become firmly established, and its crowning achievement is the certainty of result if carefully carried out. No medical man undertaking surgical work should be oblivious to the legal responsibility involved in the application of antiseptic methods, for he may be held responsible for unfavorable results which modern methods of treatment would have obviated. Prof. S. W. Gross says: "As to aseptic surgery I can only say that if any one has been taught the modern methods and neglects them, and death occurs from erysipelas, pyæmia, or septic complications, he cannot be held irresponsible."

In the application of asepsis the demand of to-day is not half-heartedness, but systematic detail. Having followed this out in all its minuteness you may have no hesitation, indeed it is your first duty, provided the general condition of the patient will permit of it, to determine with exactness the extent of the injury, the extent of the comminution, the course and condition of the fractures, the complications arising from injuries to the soft parts, nerves, and vessels, and whether protruded muscle or other substance has been forced between fractured surfaces. Having now no dread of large incisions, enlarge wounds if necessary to insure better inspection and for determining the best procedure. The effort to convert a compound injury into a simple by refraining from proper inspection is now considered faulty and leads to error, while complete inspection conveys the fullest knowledge and leads naturally to the employment of the latest mechanical treatment.

Every surgeon should have a well arranged emergency bag, packed ready to be taken in hand at a moment's notice. It will well repay the small expense and trouble. A good stout bag, sixteen inches long, with a stout strap sewed to each side of the interior of the bag, so as to form loops for the necessary bottles, will be amply sufficient. Into it put half pound tin of ether, two ounces chloroform, four ounces carbolic acid, sterilized catgut and silk thread on reels and packed in bottles, drainage tubes, bottle small sponges, corrosive sublimate tablets, iodoform duster, large scissors, tongue forceps, nail brush, razor, fountain syringe, a few reliable surgical dressings, a few carefully selected surgical instruments rolled up in a white linen pouch, rubber bandage, three or four towels, two small tin or agateware basins. The bag rests in a nest of two oblong tin pans, which, together with a mackintosh on the side, are held in place with two straps.

The magnificent results brought about by careful antiseptic treatment, case upon case of which might be quoted, leads us far on, on that grandest of surgical paths, *conservative surgery*. In glancing over the province of surgery it is difficult to find a surgeon who cannot point to at least one case that has come under his observation in which the prerogative of amputation had been abused. Once off, a hand, an arm, or a leg is soon buried in the waters of Lethe. They tell no tales; the point is settled; there is no room for argumentation, no opportunity for disputation. Many amputations are hastily made. A compound comminuted fracture, with muscles and deep-seated tissues badly lacerated, presents itself; amputation is the one idea that the surgeon's intellect grasps from the scene before him; and it seems true that this predominant and unyielding idea prevents him from weighing

matters carefully and rendering a judgment creditable to the surgeon and equitable to the patient. In dealing with such cases one great truth should be before the mind of every surgeon, viz.: "To save one limb is more creditable than to remove, no matter how skilfully, one hundred."

In regard to dealing with mangled extremities immediately after injury, it is a matter well known that in railroad injuries there is much comminution and crushing of the parts, and no one at the time of the injury can estimate the extent of the destruction to the integument or the parts beneath; hence it is best to deal with such cases by tentative measures, and when we are in doubt about the extent of destruction *to wait*. Relying on vigorous cleanliness and thorough asepsis, experience teaches that there is no danger from septic infection, and in cases of injury which entail a probable amputation we are perfectly safe in not doing a primary operation until we can say precisely how much tissue is irrevocably destroyed. Examine, as I have said before, under strict asepsis the injured part, making free incisions if necessary. Examine the vessels for pulsation, the parts below the injury for warmth, clip away small detached fragments of bone which have been crushed, carefully coaptate the bones, using mechanical means to keep them in place if necessary. Do not endeavor to favor primary union; it is better to allow the parts to heal by secondary intention, thus preventing the accumulation of discharges which are apt to follow destruction of tissue. Apply some reliable dressing and place in a comfortable position.

In some cases of compound fractures, or those intentionally made so by the surgeon, it may be impossible to keep the fragments in apposition without the application of direct mechanical means. It must be an unusually out of the way place where we cannot find some wire or horseshoe nails, and these two will serve almost every demand, holes being drilled through the fragments and united by one of these means. I quote the following, illustrative of my meaning:

J. H., aged 40, sustained a compound oblique fracture of leg by being struck by a railroad engine. The wound was enlarged, the parts thoroughly inspected, contused and lacerated shreds of muscular tissue removed. Difficulty was experienced in keeping the fragments in place owing to muscular contraction. Two ordinary horseshoe nails were drawn through the approximated surfaces, perfect apposition was obtained, the nails were removed on the twenty-second day, when the external wound had healed.

NOTE.—Miss L. J. returned to her home at the end of ten weeks with complete use of the arm.

Society Reports.

Toronto Medical Society.

(NOV. 14TH, 1895.)

President, DR. OLDRIGHT, in the chair.

THE Minutes of last meeting read and adopted.

Tapeworm.—Dr. WILSON presented a tapeworm which was tied in two knots, passed by a little girl three years of age. The patient had given a history of eating raw meat. The anthelmintic used was pumpkin seeds, which were advised on account of the age of the child. In adults he found the best results from the use of thymol, given in twelve-grain doses every fifteen minutes until two drachms were taken. A dose of castor oil should be administered the preceding night, and the patient should refrain from taking supper or breakfast. About twenty minutes after the last dose a purgative is given. If the thymol depresses the circulation, whiskey may be administered concurrently.

Dr. OLDRIGHT said he had used pumpkin seeds a good deal. One method of preparing them was to take a half pound of the seeds and bruise them in a mortar; add one quart of water and allow them to macerate all night; then strain; then add enough water to make a pint, and give after fasting. Two hours afterward an active purgative should be given.

Dr. CARVETH said that he had never seen any bad effects from tapeworm. He did not think they did any harm, except in causing the patient mental worry.

Dr. MACMAHON said that he had found patients complain of pain, which might have been due to gastralgia.

Dr. OAKLEY said that he was consulted a few years ago by a woman who had been under treatment for a considerable time for phthisis. He found out accidentally that she had passed portions of tapeworm. He administered male fern. She soon became stout and rugged.

Venous Congestion of the Female Pelvic Organs.—Dr. WILSON then presented a paper on this subject. It was to be remembered, he said, that these organs contain lymphatics, arteries and veins, in studying this form of trouble; their position, structure and function were also to be kept in mind. In some cases their engorgement was of a secondary nature, the result of the pressure of a new growth, which when removed relieved the condition. Physiological engorgement occured during the menstrual period. Women usually kept on their feet during this

period when their strength was not equal to the task, suffering and struggling on as best they could. He believed that this was one of the causes that the condition was so often found among teachers and shop-girls. It was often observed that girls of this class frequently become weakened so that they were not able to undergo fatigue. Other causes of the condition were exposure to cold during the menstrual period, constipation and straining at the stool. A weak heart strongly disposed to the condition, also the absence of valves in these veins. The dependency of the parts in relation to the heart aggravated the condition. Another frequent cause was too early getting up after labor, the usual time being, in most cases, nine or ten days. It was to be remembered that it took six or eight weeks for the uterus to return to its normal condition. Miscarriages were another fruitful cause, especially in the early months of pregnancy. The condition was often associated with prolapse, flexions, versions and other diseases of this region, which required to be looked for and treated first.

Case 1. Mrs. G——, aged twenty-eight; tall and slight; never very strong, but always healthy. Was delivered eighteen months previous to consultation. Was not taken care of after confinement, and got up too soon. Complained of weight in the back and pelvis; had a leucorrhœal discharge and was constipated. Examination showed retroflexion and tenderness at the point of flexion; the os was soft and large; the mucous membrane was abraded and bathed in a leucorrhœal discharge: ovaries slightly enlarged and tender; had been under treatment since confinement. After three months' treatment was cured of all but the flexion; the pains ceased, and she was able to resume her duties. The most common symptom in these cases was pain in the back and weight in the pelvis. The veins of the vaginal plexus were seen to be enlarged. Associated with this there might be hæmorrhoids or a varicose condition of the veins in the legs This condition could not be recognized any more by the finger than piles To diagnose, the symptoms must be depended on, together with the general state of the patient's vascular system. The patients generally felt better in the morning, especially if the hips were raised during the night to favor circulation from the part. Where this varicose condition exists there may be sudden and severe hæmorrhage internally. Christine Neillson died from rupture of the veins of the ovarian plexus. The treatment of this condition was both local and general. The general health must be toned up, and if any weakness of the heart exists, special attention should be given to it. The diet should be regulated. Sponges with cold water and friction, followed by douches

if the patient can stand them, would generally give relief. The recumbent position should be assumed once or twice during the day, and oftener during the menstrual period. Special precautions should be observed by those who have previously suffered from pelvic diseases. A prolonged stay in bed of three or four weeks may afford a cure of the condition. For the bowels, salts did very well, making a very valuable laxative, depleting to some extent the hæmorrhoidal plexus. Where there was much pain or discomfort, bromide of potash, quinine and Jamaica dogwood may be administered. The medicines to be relied on most were hammamelis and hydrastis.

Another case, Mrs. C——, thirty years old; florid; sluggish circulation, and a tendency to venous congestion; had a small ulcer in the rectum about one inch in diameter; in the centre of the ulcer were two little points which bled freely; hæmorrhage almost daily for months; she was given hammamelis and hydrastis three or four times a day, and the hæmorrhage was rapidly controlled. She said she could feel good results from a single dose. Locally, hot douches were useful; also astringent suppositories, and tampons saturated with astringents and antiseptics could be used.

DISCUSSION.

Dr. MacMahon said that he had not much faith in hydrastis and hammamelis; he thought ergot did harm in certain cases—in hæmorrhage of the lungs, for instance. About the only drug he found of use in such cases was morphine.

Dr. Macdonald said there was no doubt that most women got up too soon after labor. It had been his practice for years to ask his patients to remain in bed two weeks after confinement, and even after that to lie down for a portion of the day. He also favored the use of purgatives, for with many women there was a tendency to become constipated. He favored the use of mag. sulph.; the other remedies which improve the general condition of the patient, such as massage and exercise, were to be recommended. He did not find much good from the administration of internal remedies. He had seen hammamelis and hydrastis do some good in some cases. In regard to local treatment, it was often found that the interior of the uterus was in a granular condition; if so, curettement and tamponage with iodoform gauze were helpful, more especially if there was tendency to bleeding. If curettement were attempted, it should be done thoroughly under the strictest antiseptic precautions; otherwise it was dangerous. After curettement applications of Churchill's iodine might be made. If packing were resorted to, the vagina might be plugged as well, and

the packing might be removed from it in twenty-four hours. That in the uterus might remain six days, if necessary. Boro-glyceride tampons with tincture of belladonna would be of benefit. About twenty minims of fluid extract of belladonna were sufficient to alleviate the pain. The doctor also referred to the benefits of electricity.

Dr. CARVETH said that he found fault with the construction of the average bed It would be found that in most beds the hips would be from six to twenty inches below the head, which was an unnatural position. If a new-born babe were experimented upon, it would be found that the most comfortable position for it would be where the head was lower than the hips.

Dr. HAMILTON accounted for many pelvic and rectal congestions by inactivity of the liver. Many inflammations, he stated, were due to blood stagnation. Cathartics, massage and frictions would give great relief. Surgical treatment of these cases did not remove the cause.

Dr. WALKER found that these troubles occurred less among factory girls than among women of the higher classes. His procedure was to dilate the uterus well, curette and cauterize with the galvano cautery. He did not use the hot water douches, as the water could not be used hot enough. The practice, too, called the attention of the patient too much to the uterus, which he considered a bad thing. Purgatives, judiciously used, were of great benefit. Whitely's exercises were valuable. He spoke also of the virtue of massage and electricity. Hammamelis was valuable in the acute and the sub-acute conditions. He thought hydrastis was more particularly suitable for hæmorrhages of the bowel, but not for the venous condition of the uterus.

Dr. FORFAR spoke of the value of ichthyol.

Dr. S. HAY agreed that the operations of dilatation, curettement and tamponage were valuable. But in the last named operation care should be taken not to pack the internal os.

Dr. OLDRIGHT spoke of the various causes of this condition. He thought miscarriage was one of the most common. He thought it was injurious to pack the uterus after this mishap. His plan was to curette and wash out with a solution of bi-chloride of hg. 1-4000. He referred to the hygienic treatment. He disapproved in strong terms of the abdominal constriction of corsets. Another point often neglected was the habit of going to the closet at regular hours ; he did not wonder at the neglect of this in country places where, as a rule, the outhouses were cold, abominable places. Women were often required to sit up too late at night and rise too early in the morning. To relieve the tendency to retroflexion

which accompanied this condition the patient might lie in the prone position ; for aniflexion the patient might lie on the back.

Reflex Amblyopia.—Dr. WISHART reported a case of reflex amblyopia without any lesion of the fundus observable with the opthalmoscope. The patient gave the history of taking a journey in a driving storm of sleet which struck her in the right cheek. Neuralgia of the right side of the face supervened, which was accompanied by considerable pain about the right eye, but there was no inflammatory condition in the eye. After about a week the eyesight began to fail on the affected side, followed by total blindness. With the onset of dimness of vision pain entirely ceased. After a week's blindness the vision began to return slowly, and in two months after she had a vision in the eye of 20.50ths. No fundus lesion could be seen. There were no refractive errors. The treatment was rest. Strychnine was administered. The pathology of the condition was very obscure. In De Schweinitz's work several cases were reported where irritation of branches of the fifth nerve produced amblyopia. These disturbances usually came from the teeth. In the case reported the doctor considered the cause to be reflex from the irritation of the cheek by the storm.

The Toronto Clinical Society.

President, DR. GRAHAM, in the chair.

THE regular meeting of the above Society was held in St. George's Hall on the evening of November 13th.

Primary Syphilis in a Child.—After the routine opening business, Dr. W. H. B. AIKINS presented a case for Dr. Lesslie, who was unable to be present. The patient was a boy aged seven, suffering from syphilis. A hard chancre was to be seen beneath the prepuce, and a macular rash covered the body. Some two or three months before he had been sleeping with a servant girl who had syphilis. This boy had been circumcised when an infant, and as the statement was so often made that circumcision was a safeguard against disease, it made this case the more interesting.

Dr. FOTHERINGHAM related a case he had seen occurring in a child aged three, two hard chancres being found on the nose, where the mother, who had syphilis, had kissed it. There were some abrasions on the face at the time she kissed it. The mother had mucous patches at the time.

Hemiplegia in a Boy, following Diphtheria.—Dr. J. E. GRAHAM presented a boy aged thirteen who gave a history of diphtheritic paralysis

of the throat followed by left hemiplegia. The left arm was considerably smaller and shorter than the right, but the feet were about the same size. The left foot was extended owing to contracture of the posterior group of leg muscles. Slight athetosis could be noted when he attempted to use the fingers of the left hand. Sensation was normal. The left knee-jerk was somewhat weak. The condition was due, the speaker thought, to an embolus or thrombus which had formed as a result of the poisoned condition of the blood. Another possible thing that had occurred to him as a cause was anterior polio myelitis, but that was not very probable.

Dr. D. C. MEYERS said he considered, from the general appearance of the case, that the condition was due to diphtheritic poisoning, and that the lesion was somewhere in the right brain. The presence of the reflexes would destroy the theory that the lesion was in the anterior horn of the cord. Sachs said there was no wasting in these cases. This was contrary to his experience; in the majority of the cases there was wasting.

Second Sight.—Dr. G. S. RYERSON related the case of a woman aged seventy-eight, who had for some years suffered with defective vision. Suddenly one night when at church she felt something strange happen to her eyes, and upon looking at her prayer-book she found that she could read readily without her glasses. The doctor found upon testing the eyes that the sight was very good. He had always been very skeptical regarding the appearance of second sight, but this appeared to be a bona fide case. The cause he stated was supposed to be due to a swelling of the lens.

Cholecystotomy.—Dr. J. A. TEMPLE reported a case of cholecystotomy in which he had recently operated. The patient, a woman aged forty-eight, had been in failing health during the past summer. She had been at the sea-side but did not get much relief. Shortly after returning she experienced a severe pain in the region of the liver, accompanied by vomiting and jaundice. Subsequently she had two other attacks. During the last an abdominal tumor was discovered on the right side. From its shape and location it appeared to be connected with the kidney; it did not move with the respirations. A tympanitic note could be elicited over the position of the kidney. The tumor was smooth and felt firm and hard. The liver was noticeably enlarged. Among the several medical men who saw the case there was a difference of opinion as to whether it was renal or hepatic. His own opinion was that it was connected with the liver. An opening showed it to be the gall bladder, which, when opened, was found to be thickened and enlarged and to contain a milky fluid. A gall-stone

was found at the junction of the hepatic and the cystic ducts, which was extracted. The patient was recovering.

Dr. J. E. Graham said that he had seen the case and was of the opinion that the tumor was of the kidney probably. Great advance had been made in the diagnosis of hepatic tumors since the introduction of hepatic surgery.

Dr. F. Strange, who had also seen the patient, said that he leaned to the diagnosis of hepatic tumor on account of the enlarged liver. He considered this condition was attributable to sub-acute hepatitis.

Editorials.

Christian Science.

Most medical men are aware of the fact that this name was coined about 1866. Those who teach and adopt Christian Science advance some most remarkable views. It is held and taught by them that all disease is from the mind; that disease should be dismissed from the mind as one dismisses sin from the mind; that disease is only a fear, or dream, or illusion of the mind, and that there is no use paying any attention to the laws of hygiene.

Now, just think for a moment of any person holding such wild and erroneous opinions treating sickness. They hold that drugs, hygiene and material appliances never really heal; that when a drug is given it is the belief that goes with it that does any good that results from its administration; fever is only a fear that takes hold of the person; and that to be sound on the views of Christian Science is a perfect safeguard against all changes in the weather. Food is an illusion, and does not affect the existence of man. And so on in other important matters. "Physical science (so-called) is human knowledge —a law of mortal mind, a blind belief, a Samson shorn of his strength." For downright nonsense this takes the lead. "Treatises on anatomy, physiology and health, sustained by what is termed material law, are the promoters of sickness and disease." This is the deliberate statement of one who holds a high place among Christian Scientists. Such teachings are enough to condemn the whole movement to oblivion and secure for it the contempt of all thinking people.

We have no objection to a person entertaining any views he pleases upon astronomy, physiology, magic, witchcraft, medicine, religion, or law, so long as he keeps these views to himself. But when a person holding such absurd notions begins to put them in practice, it is time to call a halt. A man may believe that there are witches, and no one

need be offended; but if he tries to shoot his neighbor because of this belief, then the law must step in and place him in safe keeping.

Just so in medicine. A man may believe in Christian Science, and under this belief refuse to send for a surgeon to look after his broken leg; but if he attempts to treat his neighbor's leg on the Christian Science plan, and thus neglects the simplest duties in such a case, he should be treated as a danger to the public. Suppose, for a moment, the case is one of diphtheria, which is regarded by the Scientist as a mental fear only, a mere illusion, and that under this view no care is taken and many others become infected, there is a clear case of wrong to the public.

There are many who are not capable of judging for themselves on this question, especially children. It is a crying shame that ignorant persons should be allowed to treat diseases of which they know nothing, and charge for such treatment in the name of Christianity. Let us have an end of this vile abuse of medicine and religion.

On the important question of insanity these people hold some very strange notions. "Insanity implies belief in a diseased brain, while physical ailments (so-called) arise from the belief that some other portions of the body are deranged." The person who is suffering from dementia is only the victim of a belief that his brain is diseased. The treatment of such a case, according to Christian Science, is easy, as it yields readily to the salutary action of Truth. One would think that persons holding such opinions would soon require treatment for their own minds.

The prayer for a dyspeptic is an amazing invention. Here is a piece of it: "Holy Reality! We BELIEVE in Thee that Thou art EVERYWHERE present. We *really* believe it. Blessed Reality, we do not pretend to believe, think we believe, believe that we believe. WE BELIEVE. Believing that Thou art everywhere present, we believe that Thou art in this patient's stomach, in every fibre, in every cell, in every atom; that Thou art the sole, only Reality of that stomach." Then a lot more such like, and we get this sentence: "That the mortal mind is a twist, a distortion, a false attitude, the HARMATIA of Thought." And so on; but enough!

The Election of Vice-Chancellor of Toronto University.

THE elections to the Senate changed the complexion of that body very materially. For some time prior to its first regular meeting, there was a good deal of speculation in the air as to who would be Vice-Chancellor. To those who knew the situation best, there could be no doubt but Mr. W. Mulock would be again re-elected if he chose to accept the position. Some members of the Senate busied themselves in the matter, and did some canvassing against Mr. Mulock. It had, no doubt, no other effect than to make Mr. Mulock's friends attend the meeting and elect him again by an overwhelming majority. The vote stood 36 for Mr. Mulock to 13 for Mr. Hoskins. It is to be hoped that those who for years have been foolishly trying to drive Mr. Mulock out of office in the Senate, will take a lesson from the above vote and learn that it is the wish of the confederated colleges and the graduates to retain the valuable services and advice of Mr. Mulock.

Factions often die hard, but it may be reasonably concluded that the anti-Mulock faction received its death blow when he was again placed at the head of affairs by a vote of three to one. There are not a few who look forward to a date in the near future when he shall fill the still more dignified position of Chancellor, and some one, with as liberal and generous views of things in general regarding University matters, become his successor. Such gentlemen are in the Senate.

The cowardly attempt to connect Mr. Mulock, or any other member of the Senate, with the student disturbance of last winter has now been relegated to the tombs, and we shall hear no more of the sedition and rebellion cry from certain parties, if these latter have any regard for their own reputations.

ANTITOXIN IN DIPHTHERIA.—Prof. Welch, of Johns Hopkins, in a review of the antitoxin treatment of diphtheria, points out that to be of most benefit it should be used early, that it does not counteract secondary infections. He considers its effects are due to its action on the living cells of the body. He says that clinical experience shows that cases of diphtheria inherently refractory to timely treatment with antitoxin are most exceptional, if indeed they occur at all. As to the sequelæ he says the weight of evidence is that nephritis is far less common in cases early treated with the serum, but that it is questionable whether abbuminuria is.

A SUFFICIENT number of subscriptions have been obtained to insure the resumption of the publication of the *Index Medicus*.

VARICOSE VEINS.—Mr. John B. Roberts, in *Philadelphia Polyclinic*, November 16th, remarks that internal treatment is of very little benefit. The application of elastic stockings or bandages afford some support. The preferable course to follow is to operate. This can be done subcutaneously by passing a needle through the integument round behind the vein and out at the point of entrance. The catgut ligature is then tied. This obliterates the vein. Or the vein may be cut down upon for several inches of its course. The upper and lower ends are ligated and the intervening section removed. The wound is then carefully brought together. Strict aseptic surgery should be followed to avoid septic phlebitis.

TRILBY AND HYPNOTISM.—The *British Medical Journal* says in regard to the notorious Trilby: Trilby when she sings is in a perfect hypnotic sleep, unconscious of her audience and reduced to the state of a marvellous machine. The state is one of exaltation of certain muscular and mental functions, due to the removal of all inhibitory influences. She performs the marvellous feat ascribed to her, but has no recollection of anything she has done. The comment closes by saying, Mr. Du Maurier may be congratulated on having produced for the first time a literary masterpiece in which the conditions of hypnotism are used with the power of a genius, and in which their limitations and nature are correctly indicated if not fully analyzed or described.

CASTRATION FOR ENLARGED PROSTATE.—Dr. T. S. K. Morton, of Philadelphia, in the *Philadelphia Polyclinic* for November 9th, mentions the case of a patient, aged seventy-one, with extremely large prostate, much distension of the bladder, and hæmorrhage from the bladder and prostate. It ultimately became impossible to relieve the patient by the use of the catheter. It was decided to castrate the patient. This was performed on August 28th. On August 30th there was marked improvement. On the second day after the operation he was able to pass a portion of his urine. In one week there was no residual urine, and the use of the catheter was discontinued. The prostate gland rapidly became reduced in size, and the consistency to that of the normal gland. There was a period of partial incontinence. In about three weeks from the date of the operation the action of the bladder had become normal. On October 29th he was in excellent health.

THE RISE OF PHYSIOLOGY IN ENGLAND.—In his Harveian oration (*British Medical Journal*, October 26th) on "The Rise of Physiology in England," Dr. W. S. Church says that the very brilliancy of recent discoveries and the vast increase in our knowledge may for a time react prejudicially on the art of medicine. He asks if we are not in danger of being carried away by our enthusiasm, and of falling into the predicament described by Buckle, of our facts out-running our knowledge and encumbering our march. This difficulty arises in the training of students. The range of subjects bearing on medicine is so vast and so important does each appear to those best acquainted with them, that there seems, he thinks, a danger lest, in endeavoring to secure an acquaintance with them all, we may forget that the future life of the majority of those entering the profession is to be spent in ministering to the victims of accident or disease, and that the due recognition and treatment of sickness and injury, experience and trained clinical observation are absolutely necessary. No amount of laboratory training will enable a man to recognize the nature and proper mode of reduction of a dislocation or know scabies when he sees it. The words of Sydenham to a friend, he says, will always hold good: "The art of medicine can be properly learned only from experience and exercise."

THE OPERATION OF THYROTOMY.—F. DeSanti, in discussing the operation of thyrotomy, in the *British Medical Journal* of the same number, gives a short account of the cases in which it has been performed at St. Bartholomew's Hospital during the last fifteen years. Of the thyrotomies for intrinsic malignant disease, amounting to fourteen on thirteen patients, there was only one death from the operation itself. In three cases the disease was too extensive for removal; in five cases the disease recurred, one patient dying three months, and two two years after the operation. The fourth was still under observation. One of these patients was subjected to a second operation, which was again followed by recurrence. In two cases the patients were quite well more than three years afterwards. In one case there was no recurrence. In one case the patient was quite well a year afterwards. One operation was performed for disease supposed to be malignant in 1893; the patient was quite well at present. Of thyrotomies for extrinsic malignant disease, amounting to three on two patients, one died as the result of the operation. In the other recurrence took place, and a second operation was performed; within two years recurrence again took place, and death followed an attempt to remove the glands. Thyrotomies for innocent tumors gave uniformly good results.

THE PROVINCIAL CENTRE OF THE ST. JOHN AMBULANCE ASSOCIATION.—At a meeting held on the 25th ult. at the Canadian Military Institute a "Centre," or branch, for the Province of this Association was organized, and the following officers elected: President, His Honor the Lieutenant-Governor; vice-presidents and members of council, Sir James Grant, K.C.M.G., M.D., Ottawa; Senator Gowan, C.M.G., Barrie; Judge Weller, Peterboro'; Sheriff Murton, Hamilton; Rev. Canon Richardson, London; Lieutenant-Colonel Macdonald, Guelph; H. Corby, M.P., Belleville; Judge Hughes, St. Thomas; Dr. R. T. Walkem, Q.C., Kingston; William Mulock, M.P., Toronto; Surgeon-General Bergin, M.P., Cornwall; Henry Cawthra, Toronto; W. R. Brock, Toronto; medical director, Deputy Surgeon-General G. S. Ryerson, M.P.P., Toronto; lecturers and examiners, Drs. Strange, Grasett, E. E. King, Stuart, Dame, Nattress, Elliott, Meyers, W. H. B. Aikins and O'Reilly; assistant secretary-treasurer, Dr. Campbell Meyers. His Honor the Lieutenant-Governor occupied the chair, and among those present were Lieutenant-Colonels Otter, D.A.G., Davidson, Mason, Hamilton, Macdonald (Guelph), Major Mead, Drs. O'Reilly, Stuart, Meyers, E. E. King, Elliott and others. This Society is the Ambulance Department of the Order of St. John of Jerusalem in England, which has its headquarters at St. John's Gate, Clerkenwell, which is now all that remains of the ancient priory of the order, built in 1504, and recently restored. This order is a revival and continuation of the old Hospitaller Order of Rhodes and Malta. Its history has been an eventful one, both in England and abroad. It was suppressed in England at the time of the Reformation, as a Roman Catholic fraternity, and at Malta when Napoleon took possession of the island. In England, however, it was never annihilated, for after the suppression referred to, its members continued in communication with headquarters at Malta, and, passing through many vicissitudes, continued without state recognition as a fraternity devoted to hospital and charitable work. In 1888 Queen Victoria granted a royal charter of incorporation, and graciously became its sovereign head and patron, the Prince of Wales at the same time taking the place of grand prior. Among the many services which the order has rendered to the public is the establishment of the ambulance society which has now been formed here. It is intended to form local centres through the Province, as the opportunity may arise. A local centre will be formed in Toronto at an early date. The formation of these centres is being promoted by Dr. Ryerson, Deputy Surgeon-General, an honorary associate of the Order of St. John.

Military Medical Notes.

Dr. Wilson has been gazetted surgeon of the London Field Battery, vice Surgeon-Major Brown, retired.

The English War Office has decided that regimental stretcher-bearers are fighting men, and are not entitled to the protection of the Geneva Cross. Orders have, therefore, been issued that these men are to wear a badge composed of the letters S. B. (stretcher-bearer), in red letters on a white ground, with a dark blue border.

As there seems to be a doubt in the minds of some persons as to the relative ranks of medical officers under the old and new systems, we tabulate them here :

Old System.	Relative Rank.	Present System.
Surgeon-General.	Major-General.	Surgeon-Major-Colonel.
Deputy-Surgeon-General.	Colonel.	Surgeon-Colonel.
Brigade-Surgeon.	Lieut.-Colonel.	Brigade-Surgeon-Lieut.-Colonel.
Surgeon-Major.	Lieut.-Colonel.	Surgeon-Lieut.-Colonel.
Surgeon.	Major.	Surgeon-Major.
Assistant Surgeon.	Captain.	Surgeon-Captain.

Condensed Foods—Army Rations in the Form of Buttons. Pills and Capsules.—Coming generations will dispense with the cook and the kitchen. Beefsteaks are to be done away with, vegetables will be a thing of the past, and a roast turkey will be put up in a small package no bigger than a box of cigarettes. Restaurants are to disappear, dinners will no longer be served, and the time now wasted in eating will be saved for more useful purposes. All this is likely to come about through the discoveries which the U.S. War Department is now making in putting up square meals that the soldier can carry in his pocket. When the Japanese soldiers marched into China each man carried a cartridge belt and a dinner belt. Into the latter were stuffed capsules, pills, buttons, and small packages like cartridges, which contained condensed foods of various kinds. If the soldier wanted a cup of tea while on the march, he dropped a button in a tin of hot water. For dinner he could draw a large variety of meats from his food belt. A capsule made the soup and a couple of pills the fish, already seasoned. For the roast he used a few slices of beef which had been condensed under a thousand pressures into a

plug like tobacco. Buttons of various colors supplied all the vegetables, a capsule made a pudding, and another button, when dropped into hot water, made a cup of strong black coffee. It was even reported that cognac and whiskey had been condensed into tablets. This system of furnishing the marching soldier with a cartridge belt that will make him independent of the commissariat is now being experimented by the United States Government. The great question of food supplies which so puzzled Gen. Grant and Gen. Lee has been solved.

Book Notices.

A Treatise on the Nervous Diseases of Children, for Physicians and Students. By B. SACHS, M.D., Professor of Mental Diseases in the New York Polyclinic, Consulting Neurologist to the Mount Sinai Hospital. New York: William Wood & Co. 1895.

We earnestly recommend to the attention of all physicians interested in pediatrics a recently published work on "Nervous Diseases of Children," by B. Sachs, M.D., Professor of Nervous and Mental Diseases of the New York Polyclinic. It is certainly among the most interesting works on the subject published of late years. Every chapter is a carefully considered and clearly argued essay upon its subject matter, and bears witness to the fact that the work is no collection or compendium of the opinions of different writers on this extremely interesting subject.

The reader will find that while on the one hand Dr. Sachs sets forth in a clear, intelligent manner the opinions of the various physicians regarded as authorities upon this especial branch of pediatrics: on the other hand, he does not hesitate to express his own disagreement in many points with these authorities. For an instance of this, he minimizes the influence of rheumatism over chorea (thus flatly upsetting the long-cherished theory), and gives the names of those who join him in this view. At the same time, he is careful to mention the fact that such strong authorities as Herringham, Mackenzie, Bouchard, Gowers, Osler, and others as well known insist upon the existence of an intimate relation between chorea and rheumatism.

The perusal of the introductory chapter will soon convince the reader that he has before him a work to be carefully studied and slowly digested. In our opinion this chapter contains a more perfectly conceived plan of procedure in the various methods of examination into these complex diseases than any that have hitherto been

produced. The further classification is clear, and the arrangement of the chapters, in accordance with the natural relation of the various diseases to each other, is excellent. The appendix contains many points of information of great value to the general practitioner. Among these we would cite a description of the procedures necessary in treatment of these diseases, in the matter of rest, diet, massage, electricity, hydrotherapy, ablutions, wet-packs, etc.; also a list of the drugs most used and best proved, with the doses suitable for children. The manner in which theories and facts are discussed throughout the book shows the author to be not only a master of his subject, but also a capital teacher, endowed with the rare talent for imparting his own knowledge to others in a clear and acceptable form.

The work is worthy of a far longer criticism, but our object is not to bring out the writer's merits or to dwell upon his weak points, but rather to persuade our readers to hunt for both by perusing it themselves. The book contains some 650 pages of matter, set up in good clear type and illustrated with 162 admirably executed plates.

Stories from the Diary of a Doctor. By L. T. Meade and Clifford Halifax, M.D. London: George Neunes. Toronto: A. P. Watts & Co., 10 College Street.

The stories are well written on a basis of scientific truth. They appeared first in the *Strand Magazine.* We recommend the book for entertaining light reading.

The International Medical Annual.—E. B Treat, publisher, New York, has in press for early publication the 1896 *International Medical Annual,* being the fourteenth yearly issue of this eminently useful work. Since the first issue of this one-volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty distinguished specialists. It will contain reports of the progress of medical science at home and abroad, together with a large number of original articles and reviews on subjects with which the several authors are especially associated. In short, the design of the book is, while not neglecting the specialist, to bring the general practitioner into direct communication with those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Altogether it makes a most useful, if not absolutely indispensable, investment for the medical practitioner. The price will remain the same as previous issues, $2.75.

The Medical Record Visiting List and Physician's Diary for 1896. New revised edition. With Calendar, Table of Doses, Tables of Equivalents, Directions for Emergencies, Antisepsis. Disinfection, Special Memoranda, Cash Account, etc., etc. Thirty and sixty patients per week, bound in black or red morocco leather with flap, $1.25 and $1.50. Circular on application. New York: William Wood and Company.

The visiting list is one of the oldest in the market, and its continued popularity shows conclusively the esteem which its convenient arrangement, good materials, and attractive makeup merit. The thirty closely printed pages which precede the visiting list proper have just been revised and brought completely up to date, and the tables of equivalents, posological table, tables of formulæ for various purposes, of poisons and their antidotes, together with many other memoranda on subjects of daily interest to physicians, are most complete. The paper is fine, and the arrangement for recording visits and memoranda and cash account is excellent. The binding of the Medical Record Visiting List is of the best morocco leather, soft and flexible and extremely durable. As usual, the Medical Record Visiting List is published in two sizes, for thirty and sixty patients per week, and either dated for 1896 or without dates, so that it may be used indefinitely.

Pregnancy, Labor, and the Puerperal State. By EGBERT H. GRANDIN, M.D., Consulting Surgeon to the New York Maternity Hospital; Consulting Gynæcologist to the French Hospital, N. Y., etc.; and GEORGE W. JARMAN, M.D., Obstetric Surgeon to the New York Maternity Hospital; Gynæcologist to the Cancer Hospital, N.Y., etc. Illustrated with forty-one (41) original full-page photographic plates from nature. Royal octavo, pages viii., 261. Cloth, $2.50 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

The authors have cut loose from many of the ties that bound obstetric writers to the beaten tracks. They have given a great deal of matter in a concise manner, and still in a very readable form. For the student such a work is necessary on account of the direct method of treatment of the subject. For the practitioner it is a reliable guide in which cases may be looked up quickly. The illustrations are original, true to nature, and easily understood. Those connected with the mechanism of labor are especially worthy of study. The remarks on cardiac disease complicating pregnancy are very forcible, and at the same time they are so clear that they may be readily applied.

In anæsthetics careful rules are laid down and due warning is given as to the frequency of hæmorrhage after anæsthesia to the surgical

degree. We cannot quite agree, however, that ether is the safer anæsthetic. It has less effect upon uterine contractions, but chloroform is so well tolerated during parturition that, with due care, it is almost free from danger.

The chapter on the pathological puerperium is clearly dealt with, and is worthy of careful perusal both by the younger student and the older practitioner. In fact the whole book demands most careful study by those who wish to keep up to the present time and to prepare for future discoveries. The publishers, the F. A. Davis Co., have done their part well. The book is of a convenient size and the type clear.

An American Text-Book of Obstetrics, for Practitioners and Students. By James C. Cameron, M.D., Edward P. Davis, M.D., Robt. L. Dickinson, M.D., Chas. Warrington Earle, M.D., James H. Etheridge, M.D., Henry J. Garrigues, M.D., Barton Cook Hirst, M.D., Charles Jewett, M.D., Howard A. Kelly, M.D., Richard Morris, M.D., Chauncy D. Palmer, M.D., Theophilus Parvin, M.D., George Piersal, M.D., Edward Reynolds, M.D., Henry Schwartz, M.D. Richard C. Morris, M.D., Editor; Robert L. Dickinson, Art Editor. With nearly 900 colored and half-tone illustrations. In cloth, $7; half Russia, $9. Philadelphia: W. B. Saunders, 925 Walnut Street. 1895.

Such an array of well-known teachers is sufficient guarantee of the high character of the work. The illustrations have received the most minute attention. The cuts interspersed throughout the text and the full page plates, which reflect the highest attainments of the artist and engraver, will appeal at once to the eye as well as the mind of the student and the practitioner. It is a rarity to see illustrations used with such prodigality and of such a beautiful character as we find in this magnificent volume. One of the first claims of this text-book to originality is that an attempt has been made to carry out systematically the following principles in its illustrations: All figures to be drawn to scale, a uniform scale to be adopted, usually one-third or one-sixth life size; in sagittal sections the same half always to be shown for ease of comparison; full labelling to be made directly on the drawings, to which are given as much artistic treatment as would be compatible with clearness and with teaching quality.

This book of over 1,000 pages is unique, and cannot be compared with any work we know of. It out classes them all. The exposition of only the latest ideas in pathology, the care that directions for treatment shall be particular and full, and the avoidance of conflicting statements render this volume a most efficient guide to those who study or who practice obstretrics.

A Manual of Syphilis and the Venereal Diseases. By James Nivens Hyde, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College, Chicago, Dermatologist to the Presbyterian Hospital, etc., etc., and Frank H. Montgomery, M.D., Lecturer in Dermatology, Rush Medical College, etc., with forty-four illustrations in the text and eight full-page plates in colors and tints. Price, $2.50. Philadelphia: W. B. Saunders, 425 Walnut Street. 1895.

This manual is intended as a thoroughly practical guide, and represents the latest knowledge of the venereal diseases which are included under the heads of syphilis, and gonorrhœa and its complications, with very complete instructions for their diagnosis and carefully prepared instructions for their treatment, cure, and alleviation. The illustrations have been selected with the greatest possible care, and with the view of elucidating the text. Practitioners who wish to be *au fait* on these subjects cannot do better than purchase this work.

Supplement to the International Encyclopædia of Surgery. Edited by John Ashhurst, Jr., M.D., LL.D., Philadelphia. One royal octavo volume of 1,136 pages, illustrated by numerous wood engravings and a chromo lithographic plate; cloth, $7 50; leather, $8.50. To subscribers to the entire set: cloth, $6.00; leather, $7.00; and half morocco, $8.00. New York: Wm. Wood & Co.

Nearly every regular practitioner is more or less familiar with the six volumes of this series that have already appeared. They have been well received. This volume purposes to bring the subjects treated of in the previous volumes down to date. Indeed, it can be added to any treatise on surgery as an extra volume. Any new or original work in surgery will be found in this volume of 1,150 pages. It is the work of a strong corps of surgeons. John Ashhurst has acted as editor, and has enlisted the services of such well-known surgeons as Andrews, Coutrell, Buck, Conner, Deaver, Keen, Kilsey, Keyes, McGuire, Moore, Nancrede, Packard, Parvin, Roberts, White, Willard, Wyeth and many others. The entire list of contributors could not easily be improved upon. The work is profusely and thoroughly illustrated. There are no less than 275 handsome wood cuts in the volume, and one very fine chromo lithograph.

This volume is exactly what it purposes to be, viz., a supplementary one to the previous six. Notwithstanding this, it is a most valuable work and will well repay careful study, apart from its companion volumes.

The work is sold only by subscription at $6.00 in muslin, $7.00 in leather, and $8.00 in morocco. To those who were not subscribers to the former volumes, this one is offered at $7.50 in muslin and $8.50 in leather.

The paper, binding and make-up of the book are certainly very fine. We can heartily recommend this volume, and especially to those who have the former volumes of the set.

Personals.

Dr. T. Verner has removed to 561 Church Street.

Dr. Geo. Elliott has opened an office at 186 King Street West.

Dr. J. N. E. Brown has removed to 137 Church Street.

Dr. A. F. Mackenzie has opened an office in Moncton, Ont.

Dr. Geo. Clingan has removed from Toronto to Horning's Mills.

Dr. Greig has been appointed an associate coroner for the city of Toronto.

Dr. Cattermole has removed from Milverton to Stratford. His place has been taken by Dr. Nasmith, of Staffa, who has been succeeded by Dr. Tufford.

Dr. Lapthorn Smith has retired from the editorial chair of the *Canadian Medical Record* owing to press of private practice; Dr. J. B. McConnell has assumed the duties.

At the annual meeting of the American Dermatological Association, held in Montreal, the following officers were elected: President, Dr. A. R. Robinson, New York; vice-president, Dr. F. J. Shepherd, Montreal; secretary, Dr. C. W. Allen, New York.

The London Medical Association has elected the following officers for the coming year: President, Dr. H. Meek; Vice-President, Dr. J. Wishart; Recording Secretary, Dr. W. M. English; Corresponding Secretary, Dr. W. J. Weeks; Treasurer, Dr. R. Ferguson.

At the annual meeting of the Halifax Branch of the British Medical Association the following officers were elected: President, Dr. T. Trenamen; vice-president, Dr. M. Chisholm; treasurer, Dr. A. B. Smith; secretary, Dr. G. C. Jones. Council: Drs. Tobin, Farrell, Campbell, Milsom, Almon, Kirkpatrick and O'Dwyer.

Married.

Gemmil-Gibson.—On the 27th of November, in St. Andrew's Church, Prescott, E. Walland Gemmil, M.D., of Pakenham, to Edna Jane Beatrice, only daughter of the late E. B. Gibson, M.D., Bradford, Ont

Obituary.

Dr. James Rea.

Medical men were greatly surprised when they saw the announcement in the papers on Monday, November 18th, that Dr. James Rea had died suddenly of pulmonary hæmorrhage. He had been ailing for more than a year. He sought change of climate last winter, but with little or no benefit. Notwithstanding the fact that he knew he had only a short time to live, he kept bravely on at his work. He made his calls on Sunday as usual, and came in late at night to be seïzed with a profuse hæmorrhage, to which he succumbed immediately. Dr. Rea was in his thirty-fourth year, and had been in practice about nine years. The unusually large number in attendance at the funeral service in Chalmers Church attested his popularity. Very many of the physicians of Toronto paid their last rite to their departed confrere. Drs. J. Spence, T. S. Webster, J. Ferguson, Price Brown, J. Hunter and J. B. Gullen acted as pall-bearers. He leaves a widow and two children, to whom we extend our deep sympathy.

Miscellaneous.

Pil Orientalis (Thompson) is stated to have no rival in pharmacy for impotency or loss of erectile power. Dr. Young (L.R.C.P., London, England), Toronto, Canada, says: "I am using your pills frequently and find they give the best results."—*Columbus Med. Jour.*

Kellogg's funis band application, which is used in placing a rubber band on the umblical cord of the new born child, is highly commended by leading obstetricians and professors in many of the American medical colleges. For literature bearing on the subject write to Dr. Kellogg, Portage, Wis.

An Old Friend in a New Guise.—The New York Pharmaca Association is now putting up lactopeptine in tablet form, which will, no doubt, give a fresh impetus to the sale of this favorite agent. Every tablet has N. Y. P. A. stamped upon it, and weighs exactly five grains. It will be necessary, therefore, in prescribing lactopeptine in future, to specify "powder," or "tablets."

For years physicians and sufferers have felt the want of an abdominal supporter which, while it performed its mission in proving a support to the abdomen, was at the same time *comfortable.* It has been the experience of nearly all that the average device is so uncomfortable to the wearer that the "remedy proves worse than the disease." We are pleased to note that the Empire Abdominal Supporter fills this long-felt want, as it is cool and comfortable, and at the same time efficient. The Empire Supporter is without doubt superior to all others, as it adapts itself to every movement and position of the body, imparts warmth without irritation, supports the weight of the body from the back-bone, is easily applied and is cheap and durable. The Empire Manufacturing Company also make an Umbilical Truss for infants, children and adults. This is made of the same material as the Supporters, and is, without doubt, the best umbilical truss in the market to-day. The Empire Elastic Bandage, possessing as it does porosity, elasticity and absorbent qualities to a great degree, will commend itself to the profession as being superior to the gum bandage so long in use, and for treatment of varicose veins they are superior to elastic stockings.

The Dean of Norwich on Doctors' Bills.—It is always pleasant to find the profession to which we belong properly and justly appreciated by those outside its bounds; perhaps all the more pleasant from the infrequency with which such appreciation is expressed. We, therefore, thank the Dean of Norwich for the kind eulogy of the medical profession which he introduced into his sermon at the cathedral on Hospital Sunday. His remarks concerning doctors' bills should be widely read, for they deserve the attention of many whose position in the world is undisputed, who stand well with their neighbors, and are looked on as honest men, but nevertheless relegate the payment of their doctors' bills to the dim and distant future. The Dean is reported to having said: "Nor can I, nor shall I, be silent about the wrongs to which scores of medical men are subject. I refer to the startling contrast there is between the inexorable demands which society makes on medical men and the elasticity of the social conscience with respect to his remuneration. I have known cases where men are summoned, at all hours, and at all seasons of the year. Their bills are presented with timidity, if not anxiety, and they are received sometimes with amazement, sometimes with indignation, and sometimes relegated to oblivion. Nor are cases unknown where the righteous demand for work done is met by calling in another practitioner, he in turn to suffer as his brother did before him. I cannot

permit myself to imagine that I address any such wrong-doer here to-day. But if I do, then, in my Master's name, I entreat you to remember that the medical men of this nation are the highest type of their class in the world; they are entrusted with the secrets of domestic life; they have all our liabilities, with the special liabilities of their order; they frequently die as martyrs to science, to suffering, to sympathy, to destitution. . . . Believing this, my plea is that every unpaid medical bill be discharged generously, gratefully, cheerfully, and that whatever account must be deferred in payment, the last to be deferred is the account of him who is the human agent who has brought us into the world, enables us to continue our work in life, and many a time lays down his own in endeavoring to baffle death." How much more comfortable would be the life of many a hard-working practitioner if his patients would but act up to the duty so eloquently taught.—*Brit. Med. Jour.*

A FINE hospital is being erected in Sarnia; it will be ready for occupancy in March.

The Physician's Visiting List (Lindsay & Blakiston) for 1896. Forty-fifth year of its publication. P. Blakiston, Son & Co. (successors to Lindsay & Blakiston), 1612 Walnut St., Philadelphia. This most handy and convenient work is always welcome, and the edition for 1896 contains all the attractive features that have gone to make it one of the very best visiting lists placed on the market. Physicians who have got into the way of having this book look for it with each new year, and find it practically indispensable.

IATROL is an inodorous and non-toxic antiseptic powder obtained synthetically from certain coal tar derivators. It is coming rapidly into favor in surgical and gynæcological practice, being quite as useful as iodoform and without the objectionable odor. Iatrol is useful internally as an antiseptic. A large sample of this valuable preparation, together with the literature bearing on its action and uses, will be mailed free on making application to the Clinton Pharmaceutical Co., Syracuse, N.Y.

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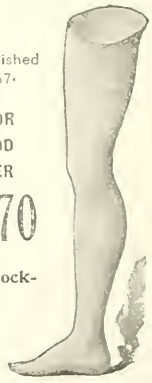

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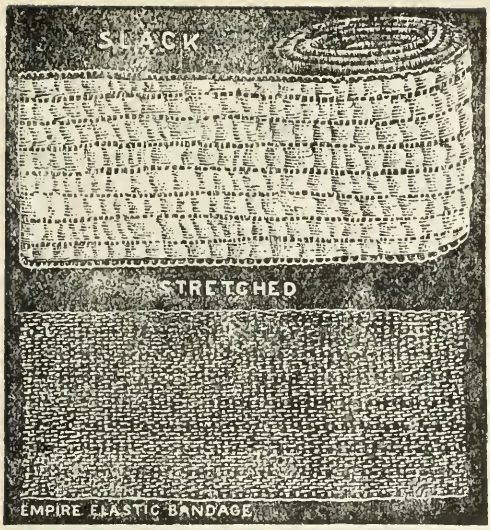

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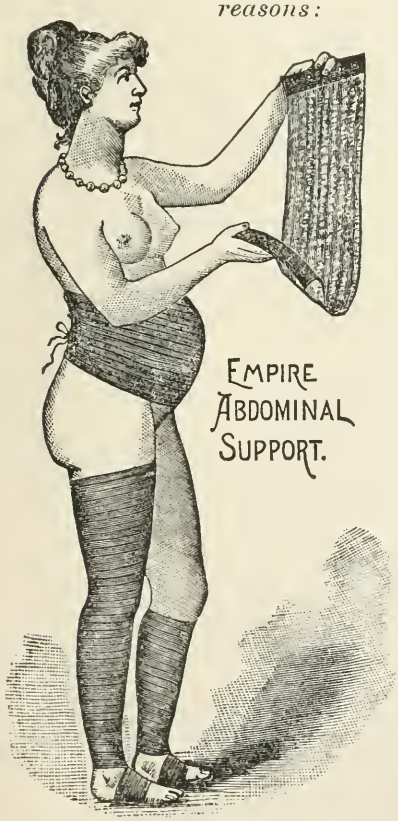

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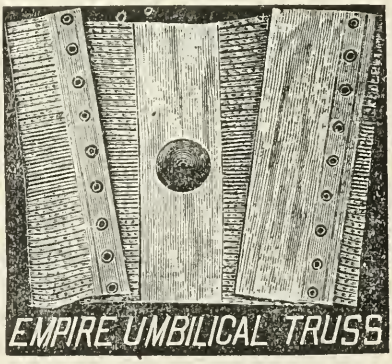

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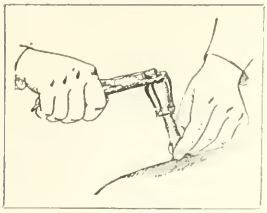

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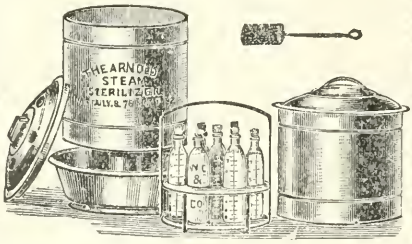

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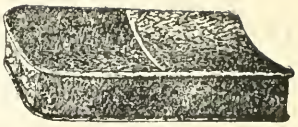

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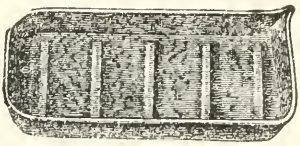

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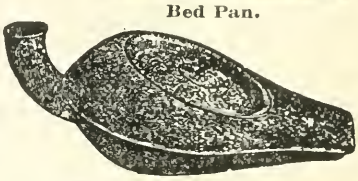

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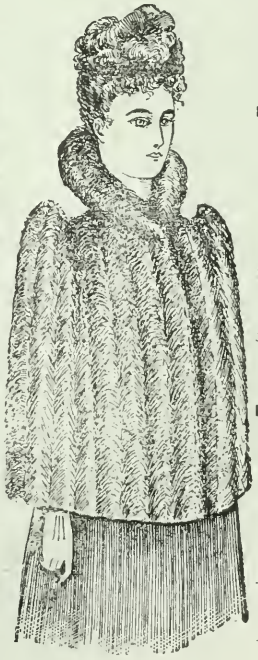

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